



Georgia CARTS FY2020 Report

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the [CARTS Help Desk](#).

1. State or territory name:

Georgia

2. Program type:

- ☒ Both Medicaid Expansion CHIP and Separate CHIP
- ☐ Medicaid Expansion CHIP only
- ☐ Separate CHIP only

3. CHIP program name(s):

PeachCare for Kids

Who should we contact if we have any questions about your report?

4. Contact name:

Stefanie Ashlaw

5. Job title:

Director, PeachCare for Kids

6. Email:

Stashlaw@dch.ga.gov

7. Full mailing address:

Include city, state, and zip code.

2 Peachtree Street, NW Floor 37 Atlanta, Ga. 30303

8. Phone number:

404-657-9506

PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

☐

Yes

☒

No

2. Does your program charge premiums?

☐ Yes

☒ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

☐ Yes

☒ No

3b. What's the maximum premium a family would be charged each year?

\$

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

5. Which delivery system(s) do you use?

Select all that apply.

☒ Managed Care

☐ Primary Care Case Management

☐ Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

All children enrolled in our Medicaid Expansion Group are enrolled in Managed Care.

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

☐

Yes

☒

No

2. Does your program charge premiums?



Yes

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

☒ Yes

☐ No

2b. Indicate the range of premiums and corresponding FPL ranges for one child.

Premiums for one child, tiered by FPL

FPL starts at

139



FPL ends at

158

Premium starts at

\$ 11



Premium ends at

\$ 11

FPL starts at

159



FPL ends at

170

Premium starts at

\$ 22



Premium ends at

\$ 22

FPL starts at

171



FPL ends at

190

Premium starts at

\$ 24



Premium ends at

\$ 24

FPL starts at

191



FPL ends at

210

Premium starts at

\$ 29



Premium ends at

\$ 29

FPL starts at

211



FPL ends at

231

Premium starts at

\$ 32



Premium ends at

\$ 32

FPL starts at

232



FPL ends at

247

Premium starts at

\$ 36



Premium ends at

\$ 36

☐ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

☒ Yes

3a. Indicate the range of premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

FPL starts at

139



FPL ends at

158

Premium starts at

\$ 16



Premium ends at

\$ 16

FPL starts at

159



FPL ends at

170

Premium starts at

\$ 44



Premium ends at

\$ 44

FPL starts at

171



FPL ends at

190

Premium starts at

\$ 49



Premium ends at

\$ 49

FPL starts at

191



FPL ends at

210

Premium starts at

\$ 58



Premium ends at

\$ 58

FPL starts at

211



FPL ends at

231

Premium starts at

\$ 64



Premium ends at

\$ 64

FPL starts at

232



FPL ends at

247

Premium starts at

\$ 72



Premium ends at

\$ 72

☐ No

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

Yes. Children under age 6, children in Foster Care, American Indians and Alaskan Natives (AI/AN), are exempt from paying premium payments.

5. Which delivery system(s) do you use?
Select all that apply.



Managed Care



Primary Care Case Management



Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

All children enrolled in our CHIP program are enrolled in Managed Care.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1. Have you made any changes to the eligibility determination process?

☐ Yes

☒ No

☐ N/A

2. Have you made any changes to the eligibility redetermination process?

☐ Yes

☒ No

☐ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

☐ Yes

☒ No

☐ N/A

4. Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

☐ Yes

☒ No

☐ N/A

5. Have you made any changes to the single streamlined application?

☐ Yes

☒ No

☐ N/A

6. Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

☐ Yes

☒ No

☐ N/A

7. Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

☐ Yes

☒ No

☐ N/A

8. Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

☐ Yes

☒ No

☐ N/A

9. Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

☐ Yes

☒ No

☐ N/A

10. Have you made any changes to the enrollment process for health plan selection?

☐ Yes

☒ No

☐ N/A

11. Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

☐ Yes

☒ No

☐ N/A

12. Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

☐ Yes

☒ No

☐ N/A

13. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

☐ Yes

☒ No

☐ N/A

14. Have you made any changes to eligibility for "lawfully residing" pregnant women?

☐ Yes

☒ No

☐ N/A

15. Have you made any changes to eligibility for "lawfully residing" children?

☐ Yes

☒ No

☐ N/A

16. Have you made changes to any other policy or program areas?

- ☐ Yes
- ☒ No
- ☐ N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1. Have you made any changes to the eligibility determination process?

- ☐ Yes
- ☒ No
- ☐ N/A

2. Have you made any changes to the eligibility redetermination process?

- ☐ Yes
- ☒ No
- ☐ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

☐ Yes

☒ No

☐ N/A

4. Have you made any changes to the benefits available to enrollees?
For example: adding benefits or removing benefit limits.

☐ Yes

☒ No

☐ N/A

5. Have you made any changes to the single streamlined application?

☐ Yes

☒ No

☐ N/A

6. Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

☐ Yes

☒ No

☐ N/A

7. Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

☐ Yes

☒ No

☐ N/A

8. Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

☐ Yes

☒ No

☐ N/A

9. Have you made any changes to substitution of coverage policies?
For example: removing a waiting period.

- ☐ Yes
- ☒ No
- ☐ N/A

10. Have you made any changes to an enrollment freeze and/or enrollment cap?

- ☐ Yes
- ☒ No
- ☐ N/A

11. Have you made any changes to the enrollment process for health plan selection?

- ☐ Yes
- ☒ No
- ☐ N/A

12. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process
used by all health insurance issuers statewide.

☐ Yes

☒ No

☐ N/A

13. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives
premium assistance.

☐ Yes

☒ No

☐ N/A

14. Have you made any changes to the methods and procedures for preventing,
investigating, or referring fraud or abuse cases?

☐ Yes

☒ No

☐ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?

For example: expanding eligibility or changing this population's benefit package.

☐ Yes

☒ No

☐ N/A

16. Have you made any changes to your Pregnant Women State Plan expansion?

For example: expanding eligibility or changing this population's benefit package.

☐ Yes

☒ No

☐ N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant women?

☐ Yes

☒ No

☐ N/A

18. Have you made any changes to eligibility for "lawfully residing" children?

☐ Yes

☒ No

☐ N/A

19. Have you made changes to any other policy or program areas?

☐ Yes

☒ No

☐ N/A

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	80,429	78,709	-2.139%
Separate CHIP	170,765	172,911	1.257%

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	127,000	10,000	4.9%	0.4%
2016	110,000	10,000	4.2%	0.4%
2017	120,000	11,000	4.6%	0.4%
2018	130,000	11,000	5%	0.4%
2019	114,000	11,000	4.4%	0.4%

Percent change between 2018 and 2019
NaN%

2. Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

☒ Yes

2a. What are some reasons why the American Community Survey estimates might not reflect the number of uninsured children in your state?

The state's public program eligibility exceeds 200% FPL. The relevant population is children with incomes under 247% FPL in the reporting period. Therefore, we use ACS data to generate comparable estimates to those provided by CMS but more refined for the relevant Georgia Population.

☐ No

3. Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

☒ Yes

3a. What is the alternate data source or methodology?

ACS estimates with more refined income levels for each age group. Year
ACS Sample Size: All Children (ages 0-18) 2018 22739 2019 22429

3b. Tell us the date range for your data

Start

mm/yyyy

01 / 2018

End

mm/yyyy

12 / 2019

3c. Define the population you're measuring, including ages and federal poverty levels.

Direct estimation of CHIP population and uninsured rate using ACS data. Weighted ACS sample by applying the specific income band for each age group. Income estimated using MAGI - 0 years: Income 205-247% FPL 1-5 years: Income 149-247% FPL 6-18 years: Income 133-247% FPL

3d. Give numbers and/or the percent of uninsured children for at least two points in time.

Percent of CHIP eligible children who are uninsured is 9.1% in 2019, and 11.0% in 2018.

3e. Why did your state choose to adopt this alternate data source?

Because our eligibility levels are well above the 200% FPL used in the pre-populated table, we choose to track changes in the number and rate of uninsured children using ACS with the exact income band for each age group.

3f. How reliable are these estimates? Provide standard errors, confidence intervals, and/or p-values if available.

The standard error of the 2019 estimate of the share of children who lack coverage among the CHIP eligible children is 2.1% indicating that the 90% confidence interval around our point estimate of 9.1% is 5.6% to 12.5% in 2019. The point estimate is 11.0% (with 90% confidence interval at 7.0% to 14.9%) in 2018 regarding uninsured rate among these CHIP eligible children. The point estimate is not statistically significant after comparing the 90% CI for the current period to previous period.

3g. What are the limitations of this alternate data source or methodology?

The use of a single year's data results in large standard errors.

3h. How do you use this alternate data source in CHIP program planning?

Ongoing tracking of potentially eligible and CHIP enrolled children is critical for fiscal planning. The decrease of the uninsured CHIP eligible children mirrors a decrease in the uninsured rate among all children from 8.1% in 2019 to 7.5% in 2018.

☐ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Program Outreach

1. Have you changed your outreach methods in the last federal fiscal year?

☒ Yes

1a. What are you doing differently?

Since the onset of the Federal Health Emergency of COVID-19, we have made all of our outreach efforts via telephone or virtually.

☐ No

2. Are you targeting specific populations in your outreach efforts?
For example: minorities, immigrants, or children living in rural areas.

☒ Yes

2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

We have not measured the effectiveness of our outreach efforts. This would be difficult to determine as we have one streamlined application with an Integrated Eligibility System. Every application entered into the system is considered for all Medical Assistance Programs and is enrolled in the highest category depending on the Household.

☐ No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

School outreach has been successful at targeting children from various backgrounds that may need medical assistance. Open house functions allow parents to see what programs they are potentially eligible for and an eligibility representative is always in attendance to assist customers with any questions concerning eligibility, enrollment or renewals. Community county fairs have also been successful in reaching those from around the communities we serve and share about programs and eligibility requirements. We measure the effectiveness by the number of parents who take information on how to apply and the quantity of people who stop by the display with questions. With the recent Integrated Eligibility System, it would be hard to measure an increase in applications after an outreach, due to the applications being assigned to workers that are Statewide. This of course has all gone virtual with the Corona Virus, but the State is still dedicated to reaching those that may benefit from our programs.

4. Is there anything else you'd like to add about your outreach efforts?

The State also maintains the PeachCare for Kids website at www.peachcare.org which has the highest hit rate of all the DCH website pages. The website is continuously updated and includes all information on our CHIP program from eligibility, covered services and cost, as well as the ability to email questions, complaints, or file an appeal. The site also contains a link that takes the customer directly to the Georgia Gateway System where they can apply for medical assistance, as well as a link to the payment portal for clients to make their premium payments. There is also an application on the site that can be downloaded and printed out and mailed in, for those clients that prefer not to apply electronically. The website also includes all information for families related to accommodations that the State has provided during the Pandemic. The DCH website is also updated to provide information on the State response to COVID-19.

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1. Do you track the number of CHIP enrollees who have access to private insurance?

☐ Yes

☒ No

☐ N/A

2. Do you match prospective CHIP enrollees to a database that details private insurance status?

☒ Yes

2a. Which database do you use?

We do not track the number of CHIP enrollees that have access to private coverage, they would only be a match if they were reported as enrolled in other private coverage. We utilize our MMIS Database which maintains TPL information, SHBP, Board of Regents, and HRMS match by the TPL Unit.

☐ No

☐ N/A

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

%

4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

- ☐ Yes
- ☒ No
- ☐ N/A

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

We do not track CHIP applicants that are denied for the reason of having access to group health coverage specifically. We run a data match to ensure that they have no other Major Medical Coverage.

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

☐ Yes

☒ No

☐ N/A

2. In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

☒ Yes

☐ No

3. Do you send renewal reminder notices to families?

☒ Yes

3a. How many notices do you send to families before disenrolling a child from the program?

2

3b. How many days before the end of the eligibility period did you send reminder notices to families?

The first notice is mailed 45 days prior to the end of the renewal month. If the renewal is not received, the second renewal notice is sent on the 12th day of the renewal month.

☐ No

4. What else have you done to simplify the eligibility renewal process for families?

Prior to sending out the first renewal packet, our Integrated Eligibility System utilizes data matches, and if all criteria is met, an auto renewal is completed and the member is mailed a new eligibility determination letter that includes their new enrollment period.

5. Which retention strategies have you found to be most effective?

Reaching out to members early. Having auto renewal, and the ability to complete their renewal online makes it easier and faster to complete their renewals.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

We can look at a report of how many renewals are completed online versus paper or auto renewals.

7. Is there anything else you'd like to add that wasn't already covered?

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2020?

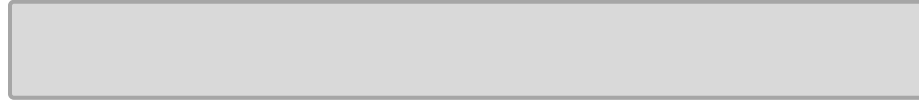
Don't include applicants being considered for redetermination - this data will be collected in Part 3.

2. How many applicants were denied CHIP coverage for procedural reasons?

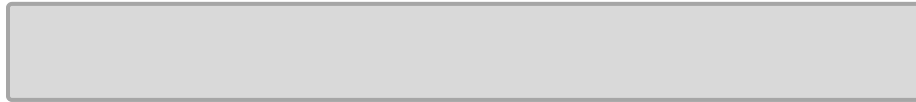
For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

3. How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.



3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?



4. How many applicants were denied CHIP coverage for other reasons?



5. Did you have any limitations in collecting this data?

We are unable to provide this data due to our Integrated eligibility system. All applications go to Medicaid first and cascade through all medical assistance programs until it is determined which program the client is eligible for that provides the most benefits for the least cost to the applicant

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

	Percent
Total denials	
Denied for procedural reasons	
Denied for eligibility reasons	
Denials for other reasons	

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in CHIP in FFY 2020?

98500

2. Of the eligible children, how many were then screened for redetermination?

56747

3. How many children were retained in CHIP after redetermination?

43219

4. How many children were disenrolled in CHIP after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

13528

4a. How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

7948

4b. How many children were disenrolled for eligibility reasons?

This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

5580

4c. How many children were disenrolled for other reasons?

0

5. Did you have any limitations in collecting this data?

--

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	76.16%
Children disenrolled after redetermination	23.84%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	58.75%
Children disenrolled for eligibility reasons	41.25%
Children disenrolled for other reasons	0%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in Medicaid in FFY 2020?

775241

2. Of the eligible children, how many were then screened for redetermination?

472444

3. How many children were retained in Medicaid after redetermination?

412921

4. How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

59523

4a. How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

36243

4b. How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

23280

4c. How many children were disenrolled for other reasons?

0

5. Did you have any limitations in collecting this data?

--

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	87.4%
Children disenrolled after redetermination	12.6%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	60.89%
Children disenrolled for eligibility reasons	39.11%
Children disenrolled for other reasons	0%

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or

younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1. How does your state define "newly enrolled" for this cohort?

☒ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

☐ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

☒ Yes

☐ No

January - March 2020 (start of the cohort)

3. How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

179

6943

6743

2559

July - September 2020 (6 months later)

4. How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

119

4693

4991

1934

5. How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

63

62

21

6. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

62

57

21

7. How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

58

2187

1690

604

8. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

49

2070

1616

579

9. Is there anything else you'd like to add about your data?

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10. How many children were continuously enrolled in CHIP 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11. How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

12. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13. How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

14. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15. How many children were continuously enrolled in CHIP 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

16. How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

17. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18. How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

20. Is there anything else you'd like to add about your data?

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of

the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1. How does your state define "newly enrolled" for this cohort?

☒ Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

☐ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

☒ Yes

☐ No

January - March 2020 (start of the cohort)

3. How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

21025

20312

24192

9498

July - September 2020 (6 months later)

4. How many children were continuously enrolled in Medicaid six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

20445

18859

22441

8749

5. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

107

523

603

255

6. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

14

140

145

51

7. How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

473

930

1148

494

8. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

48

546

737

302

9. Is there anything else you'd like to add about your data?

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10. How many children were continuously enrolled in Medicaid 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

12. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13. How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

14. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15. How many children were continuously enrolled in Medicaid 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

16. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

17. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18. How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

20. Is there anything else you'd like to add about your data?

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1. Does your state require cost sharing?

☒ Yes

☐ No

2. Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

- ☐ Families ("the shoebox method")
- ☐ Health plans
- ☒ States
- ☐ Third party administrator
- ☐ Other

3. How are healthcare providers notified that they shouldn't charge families once families have reached the 5% cap?

Providers are notified through our GAMMIS system. When the provider checks eligibility prior to providing services, the system will notify them that the member is no longer required to pay a copayment.

4. Approximately how many families exceeded the 5% cap in the last federal fiscal year?

Due to the Corona Virus Epidemic, the State waived premium payments. Therefore there were no families that exceeded the 5% cap in this past fiscal year.

5. Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

- ☐ Yes
- ☒ No

6. Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

☐ Yes

☒ No

8. Is there anything else you'd like to add that wasn't already covered?

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

☐ Yes

☒ No

Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

☒ Yes

☐ No

2. Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

☒ Yes

☐ No

3. Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

☒ Yes

☐ No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

All written plans that provide safeguards and establish methods and procedures for prevention, investigation, and referral of cases of fraud and abuse are written to include all children in both our separate CHIP and expanded populations. The Medicaid Program Integrity unit handles Medicaid and PeachCare for Kids(CHIP) investigations.

5. Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

☒ Yes

5a. What safeguards and procedures do the Managed Care plans have in place?

The managed care plans work with the Medicaid Program Integrity Unit when investigations are needed. The Medicaid Program Integrity unit handles Medicaid and PeachCare for Kids(CHIP) investigations

☐ No

☐ N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2020?

<11

7. How many cases have been found in favor of the beneficiary in FFY 2020?

0

8. How many cases related to provider credentialing were investigated in FFY 2020?

0

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2020?

0

10. How many cases related to provider billing were investigated in FFY 2020?

186

11. How many cases were referred to appropriate law enforcement officials in FFY 2020?

4

12. How many cases related to beneficiary eligibility were investigated in FFY 2020?

465

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2020?

<11

14. Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

- ☐ CHIP only
- ☒ Medicaid and CHIP combined

15. Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

- ☒ Yes

15a. How do you provide oversight of the contractors?

DCH/OIG/PI provides oversight to its contractors by: • Approving contractor audit agendas • Reviewing monthly and quarterly reports from the contractor • Conducting monthly operations meetings with the contractor • Conducting weekly touch point meetings with the contractor

- ☐ No

16. Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

☒ Yes

16a. What specifically are the contractors responsible for in terms of oversight?

Managed Care health plans are responsible for: • Identifying abnormal billing patterns • Performing utilization review • Conducting fraud investigations • Referring cases of credible fraud to DCH for Medicaid Fraud Control Unit investigation

☐ No

17. Is there anything else you'd like to add that wasn't already covered?

18. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

☒ Yes

☐ No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2020?

Ages 0-1

219

Ages 1-2

13326

Ages 3-5

28071

Ages 6-9

40458

Ages
10-14

53555

Ages
15-18

43469

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2020?

Ages 0-1

<11

Ages 1-2

2978

Ages 3-5

14790

Ages 6-9

27112

Ages
10-14

34924

Ages
15-18

23669

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	2687	14254	26317	33870	21982

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2020?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	501	4737	13233	14948	11232

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2020?

6929

Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

☐

Yes

☒

No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

CY2019 claims data were used for this report. 6019 children who turned into 19 as of December 31, 2019 are included in the 15-18 group.

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction.

1. Did you collect the CAHPS survey?

☐ Yes

☒ No

Part 2: You collected the CAHPS survey

Part 3: You didn't collect the CAHPS survey

Since you didn't collect the CAHPS survey, please complete Part 3.

1. Why didn't you collect the CAHPS survey?

Check all that apply.

- ☐ Entire population wasn't included in the survey
- ☐ Part of the population wasn't included in the survey
- ☐ Data wasn't available due to budget constraints
- ☐ Data wasn't available due to staff constraints
- ☐ Data wasn't consistent or accurate
- ☐ Data source wasn't easily accessible
- ☐ Data source wasn't easily accessible: requires medical records
- ☐ Data source wasn't easily accessible: requires data linkage that doesn't currently exist
- ☐ Data wasn't collected by a provider
- ☐ Sample size was too small (fewer than 30)
- ☒ Other

2. Explain in more detail why you weren't able to collect the CAHPS survey.

The State was unable to obtain CAHPS data for this reporting period due to a delayed procurement process. Additionally, the previous vendor's contract terminated and was unable to be extended or renewed. However, the state does require each CMO to complete the CAHPS survey and report their survey results to the state. For the next fiscal year, the state will require each CMO to complete the CAHPS survey separately for our CHIP population.

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.

States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1. Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

☐ Yes

☒ No

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year.

The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them

are different.

Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Increase insurance coverage among Georgia's low-income children.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

Numerator includes the total number of children enrolled in PeachCare as of the end of the measurement period.

4. Numerator (total number)

205639

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

Denominator includes the total number of children enrolled as of the end of the measurement period and the total number of PeachCare eligible population based on ACS estimate for the measurement year.

6. Denominator (total number)

259824

Computed: 79.15%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2019

End

mm/yyyy

12

/

2019

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percent of PeachCare eligible that enrolled increased by 1.8% from CY18 to the current measurement period.

10. What are you doing to continually make progress towards your goal?

Continued outreach and providing more and easier ways to apply for benefits.

11. Anything else you'd like to tell us about this goal?

ACS 2019 data was used to generate the uninsured PeachCare eligible number for this reporting period. FFY19 was the first year GA switched from CPS to ACS for the uninsured PeachCare eligible estimate. We revised the FFY19 number using ACS 2018 data to make it more comparable to the current measurement period.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase access to care

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Maximize the number of members who stay with their PCP for 12 months.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Numerator includes children keeping same PCP in the measurement year.

4. Numerator (total number)

81393

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Total number of children who stayed continuously for 12 months in the measurement year.

6. Denominator (total number)

86899

Computed: 93.66%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2019

End

mm/yyyy

12

/

2019

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percent of the children who stayed in PeachCare for Kids and kept the same PCP for 12 continuous months increased by 2.6% from CY18 to the current measurement period.

10. What are you doing to continually make progress towards your goal?

One of our newest efforts is to provide Telemedicine. Although it will not replace a physical visit, much care can be provided over video conference.

11. Anything else you'd like to tell us about this goal?

In the current data system, PCP field was populated with enrollee's CMO instead of practitioner ID in the encounter data. Therefore, the results actually reflect how long the enrollee stayed with the same CMO instead of his/her PCP.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Encourage use of PCP through health plan policies and education.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Numerator includes children seeing their PCP at least once in the measurement year.

4. Numerator (total number)

153039

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Total ever-enrolled children in the measurement year

6. Denominator (total number)

205639

Computed: 74.42%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percent of children seeing their PCP increased by 0.1% from CY18 to the current measurement period. For children with 10-12 months of enrollment, the percent seeing their PCP decreased by 0.9% from 90.9% in CY18 to 90% in the current measurement period.

10. What are you doing to continually make progress towards your goal?

CMO's and Providers reach out to enrollees and remind them that their routine well care visits and vaccinations are due. They also follow up after hospitalizations to ensure compliance with treatment plan.

11. Anything else you'd like to tell us about this goal?

PCP field was populated with enrollee's CMO instead of practitioner ID in the data. Therefore, the results actually reflect any visit enrollee had with CMO instead of the PCP.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Encourage use of PCP through health plan policies and education. (Same goal as the previous one but using different measure)

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Numerator includes the number of primary care visits made to the child's PCP in the measurement year.

4. Numerator (total number)

442106

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Total primary care visits

6. Denominator (total number)

499247

Computed: 88.55%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2019

End

mm/yyyy

12

/

2019

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percent of primary care visits made to the child's PCP decreased by 1.9% from CY18 to the current measurement period.

10. What are you doing to continually make progress towards your goal?

CMO's and Providers reach out to enrollees and remind them that their routine well care visits and vaccinations are due.

11. Anything else you'd like to tell us about this goal?

PCP field was populated with enrollee's CMO instead of practitioner ID in the data. Therefore, the results actually reflect any primary care visit enrollee had with CMO instead of the provider.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Increase the use of preventive care

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Assess how many children receive recommended well-visits and screenings.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

Numerator includes children receiving at least one well-visit and screening service in the measurement year.

4. Numerator (total number)

116203

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Number of PeachCare enrollees in the measurement period.

6. Denominator (total number)

205639

Computed: 56.51%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2019

End

mm/yyyy

12

/

2019

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percent of PeachCare eligible children aged 1-18 and receiving at least one well-visit and screening service increased by 2.0% from CY18 to the current measurement period. For children in ages 1-5 and enrolled for 10-12 months, the percent receiving at least one well-visit and screening service decreased by 0.1% from 76.3% in CY18 to 76.2% in the current measurement period.

10. What are you doing to continually make progress towards your goal?

CMO's and Providers reach out to enrollees and remind them that their routine well care visits and vaccinations are due.

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Assess how many children receive immunizations.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

Numerators include children in the specified age group receiving at least one immunization in the measurement year.

4. Numerator (total number)

719

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Number of PeachCare enrollees under age 2 (newborns not included) and enrolled for 10-12 months in the measurement period.

6. Denominator (total number)

854

Computed: 84.19%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

For children under age 2 (newborns not included) and enrolled for 10-12 months, the percent receiving immunizations decreased by 1.9% from CY18 to the current measurement period.

10. What are you doing to continually make progress towards your goal?

CMO's and Providers reach out to enrollees and remind them that their vaccinations and recommended screenings are due.

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Reduce the number of ED visits for non-emergency services.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

Numerator includes the number of ER visits considered as medical emergencies based on the diagnoses in the measurement year.

4. Numerator (total number)

24331

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Total ER visits in the measurement year.

6. Denominator (total number)

54824

Computed: 44.38%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2019

End

mm/yyyy

12

/

2019

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percent for ER visits that were considered medical emergencies decreased by 0.1% from CY18 to the current measurement period.

10. What are you doing to continually make progress towards your goal?

Encourage members to take their medications and to follow their plan of care. Each CMO reaches out to the member after hospital discharge to ensure that their care plan is reviewed and understood. A follow up office visit is scheduled at that time.

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

The majority of our CHIP population is enrolled in Managed Care. Through our contracts with our managed care entities, the state of Georgia requires that each managed care entity provide various mandatory reports. These reports are submitted monthly, quarterly, annually, and ad hoc. As part of our monitoring and oversight efforts, Georgia conducts routine, comprehensive reviews of network access, utilization management, prior authorizations, and timely access to services. These reviews include the following:

- An examination of claims data to interpret utilization trends and patterns;
- Analysis of Prior Authorization approvals and denials, as well as turnaround times;
- Validation of provider network access reports. This includes a review of network deficiency reports and provider directory listings;
- Evaluation of trends in access to care; and
- Completion of secret shopper calls to validate appointment wait times, and timely access to services.

In addition to the activities above, the DCH estimates performance for the PeachCare population using select HEDIS measures. Our PeachCare program performs above the national average on 4 measures and seeks to improve on an additional 2 measures. See attached graph.

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

DCH has identified a set of meaningful measures that specifically address the needs of the PeachCare for Kids (PCK) population. Starting in Measurement Year 2020, DCH will receive these measures as part of our Care Management Organization's annual reporting and validation activities. This will allow us to report hybrid measures where appropriate rather than reporting all measures as administrative. DCH will also begin receiving PCK-only CAHPS results by leveraging the previously mentioned relationship with the CMOs. This will allow us to better understand the PCK member experience.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

Performance improvement projects are implemented for the Medicaid and PeachCare for Kids members combined. These activities are not focused studies on the CHIP population exclusively.

4. Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Tell us how much you spent on your CHIP program in FFY 2020, and how much you anticipate spending in FFY 2021 and 2022.

Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 436,956,549

2021

\$ 473,795,733

2022

\$ 472,788,801

2. How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 28,008,806

2021

\$ 9,539,712

2022

\$ 12,512,708

3. How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 0

2021

\$ 0

2022

\$ 0

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 51,681,483

2021

\$ 25,372,857

2022

\$ 30,450,150

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

	FFY 2020	FFY 2021	FFY 2022
Managed Care	436956549	473795733	472788801
Fee for Service	28008806	9539712	12512708
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	51681483	25372857	30450150
Total benefit costs	516646838	508708302	515751659

Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1. How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

This includes wages, salaries, and other employee costs.

2020

2021

2022

\$ 1,178,665

\$ 2,289,768

\$ 1,908,140

2. How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 3,027,653

2021

\$ 2,837,229

2022

\$ 2,766,347

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 14,280,353

2021

\$ 16,377,788

2022

\$ 19,541,456

4. How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 0

2021

\$ 0

2022

\$ 0

5. How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 0

2021

\$ 0

2022

\$ 0

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 0

\$ 0

\$ 0

7. How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 0

\$ 0

\$ 0

Table 2: Administrative Costs

This table is auto-populated with the data you entered above.

Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2020	FFY 2021	FFY 2022
Personnel	1178665	2289768	1908140
General administration	3027653	2837229	2766347
Contractors and brokers	14280353	16377788	19541456
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	18486671	21504785	24215943
10% administrative cap	45920430.22	50884732	50539039.89

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2020	FFY 2021	FFY 2022
Total program costs	535133509	530213087	539967602
eFMAP	88.61	76.92	76.8
Federal share	474181802.32	407839906.52	414695118.34
State share	60951706.68	122373180.48	125272483.66

8. What were your state funding sources in FFY 2020?

Select all that apply.

☒

State appropriations

☐

County/local funds

☐

Employer contributions

☐

Foundation grants

☐

Private donations

☐

Tobacco settlement

☐

Other

9. Did you experience a shortfall in federal CHIP funds this year?

☐

Yes

☒

No

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1. How many children were eligible for Managed Care in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

192179

2021

201179

2022

200702

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

Round to the nearest whole number.

2020

\$ 190

2021

\$ 196

2022

\$ 197

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	190	196	197

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1. How many children were eligible for Fee for Service in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

7886

2021

3697

2022

3451

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2020

\$ 295

2021

\$ 215

2022

\$ 302

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	295	215	302

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

--

2. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

Healthcare for low income and uninsured children and families continues to be a top priority in the state of Georgia. As the single state agency responsible for administering the Medicaid and CHIP programs, our mission is to advance the health and wellness of our Medicaid and CHIP populations by providing access to quality care throughout the state of Georgia. In response to the Corona Virus Federal Disaster, the State wanted to provide families financial relief and peace of mind knowing that their enrolled children would not lose their health care coverage. Georgia submitted and the CMS approved our Emergency Waiver that allowed us to waive premiums for our CHIP enrollees, as well as extending the renewals for each family. During the 2019-2020 Regular Session, the Georgia General Assembly passed the Patients First Act, which authorized the Department of Community Health to submit a Section 1115 Demonstration waiver to CMS which was approved. This waiver includes an increase in the income threshold up to a maximum of 100% FPL. To meet the intent of the Patients First Act, the 1115 Demonstration is to implement Georgia Pathways to Coverage (Georgia Pathways), a new eligibility pathway for low-income Georgians who would otherwise not be eligible for Medicaid

2. What's the greatest challenge your CHIP program has faced in FFY 2020?

Our greatest challenge this reporting period was ensuring safe and continuous care for our members during the Corona Virus Federal Emergency. Applying CMS guidance and regulations to ensure that the proper process was followed to provide premium waivers and extend the renewal periods for our CHIP enrollees. The changes needed to be made in our eligibility system as well as getting out accurate and up to date information to our members and providers. Many members were afraid to go to their doctors offices. With continuing concerns of a virus resurgence this fall, many school systems decided to start the school year utilizing virtual learning. This also created a challenge for our outreach program.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2020?

Georgia's CHIP program, Peachcare for Kids® submitted our Disaster Relief State Plan Amendment and received approval from CMS on May 7, 2020. We also submitted our Behavioral Health State Plan Amendment demonstrating our compliance with the Support Act and received CMS approval on October 13, 2020. During the COVID-19 epidemic, we were able to obtain approval from CMS to waive premiums for members as well as extend renewals in order to keep children enrolled with health care coverage.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

PeachCare for Kids® is looking forward to exploring new ways of providing improved health care to more of our low-income children and families. We will also plan our return to pre COVID-19 policies, and reinstating premiums and renewals.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

We will continue to work with our Governor to evaluate what initiatives will work best for Georgia. We are focusing on Quality Outcomes and Delivery of our program.

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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